

**BEST AVAILABLE COPY**

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/550612

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	3		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	0		1			
10	0		1			
11	0		1			
12	1		1			
13	1					
14	2		1			
15	1		1			
16	1					
17	1		1			
18	1		1			
19	1		1			
20	1		0			
21	1		0			
22	1		0			
23	1		0			
24	1		0			
25			1			
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49						
50						
TOTAL IND.	9		2			
TOTAL DEP.	18	←	23	←	←	
TOTAL CLAIMS	27		25			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←			←	←
TOTAL CLAIMS						